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## BIB DATA SHEET

CONFIRMATION NO. 6468

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/731,942	12/10/2003 RULE	606	4153	AXM-6666
<b>APPLICANTS</b> Edward C. Benzel, Gates Mills, OH; Isador H. Lieberman, Pepper Pike, OH; Lee Strnad, Broadview Heights, OH; James M. Kuras, Macedonia, OH; Raymond S. Ross, Sale, UNITED KINGDOM; Charles F. Birchall JR., Mentor, OH; Keith Duke, Cleveland, OH; Karl Zimmers, Solon, OH; Possible error in spelling of "Karl Zimmers" /J.N.H./				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **				
05/21/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JULIANNA NANCY HARVEY/ Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 33
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P. 1300 EAST NINTH STREET, SUITE 1700 CLEVELAND, OH 44114 UNITED STATES				
<b>TITLE</b> Method and apparatus for replacing a damaged spinal disc				
<b>FILING FEE RECEIVED</b> 567	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	